

Applicant's Name

City of San Diego Fire-Rescue Department 1010 Second Avenue, Suite 300, San Diego, CA 92101



S.D.F.D. - KNOX PRODUCT **APPLICATION FORM**

KNOX PRODUCT APPLICATION FEE: \$189.00 per address

Please make check payable to: "CITY TREASURER" *

* RETURN A CHECK WITH THIS APPLICATION AND KNOX AUTHORIZATION FORM TO THE FIRE-**RESCUE DEPT.**

PLEASE PRINT CLEARLY WITH BALLPOINT PEN OR TYPE

Business Name						
Applicant's Address						
City, State, Zip						
Applicant's Phone						
E-Mail						
Inspection Address						
City, State, Zip						
Business Site Name						
Contact Person						
Phone / Cell #						
Reason: Install Knox Box, Knox Key Switch, Etc.						
Applicant Signature			Print Name			Date
For Official Use Only						
FIMS/RMS #:		Receipt #		*	Check #	
	st Activity Code:	,	Time:	Inspector	l .	Shift:
Date: 2	^{2nd} Activity Code:		Time:	Inspector	#:	Shift:
Fire-Rescue Departme	nt Representative		Print No	ате		Date
Signature						
Revised 03/15/16)						